



## Sunrise School Division

Box 1206 Beausejour, Manitoba R0E 0C0  
 Telephone: 1-204-268-6500 Fax: 1-204-268-4149

# STUDENT HOMESTAY APPLICATION

### PERSONAL INFORMATION

Date of Application:

Surname (Family Name):		Given Names:		English Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (month/day/year):		Current Age:		
First Language:			Other Languages Spoken:		

### HOME ADDRESS

Street Address			
City	Province/State	Country	Postal Code
Telephone Number	Fax Number (if applicable)		E-mail address (if applicable)

### PARENTS' INFORMATION

Father's Surname	First Name	Occupation
Mother's Surname	First Name	Occupation

### OTHER FAMILY MEMBERS

Name	Gender (M/F)	Age

## **GENERAL INFORMATION**

Please provide as much information as possible to help us place you with an appropriate Homestay family. **(Please print)**

1. Do you have any pets?  Yes (please list) \_\_\_\_\_  No
2. Would you mind living with a family that has pets?  Yes  No  No preference
3. All of our schools and most of our Homestay Families provide a non-smoking environment. Would you prefer a home that was:  Non-smoking  Smoking  No preference
4. Do you have any special dietary requirements, e.g. vegetarian?  
 Yes (please list) \_\_\_\_\_  No
5. What kinds of foods do you like to eat? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What foods do you dislike? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Some of our Homestay Families have children who will be younger or older than you. Although we find that the majority of students indicate they would prefer to live in a home with someone of the same gender and age, it is not always possible. Please express your thoughts about being placed in a home with children who may be younger/older than you, or have no children at all.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What kinds of books do you like to read? \_\_\_\_\_

8. Describe your activities/hobbies (please select all that apply):  
 Sports  Music  Art  Cooking  Theatre  Dance  
 Computer/Internet  Exercise/fitness Programs

9. Do you belong to any youth clubs or groups?  
 Yes (please list) \_\_\_\_\_  No

10. What is your religion (optional)? \_\_\_\_\_

11. How often do you attend [religious services](#)? \_\_\_\_\_

12. Are you active in any groups?  
 Yes (please provide details) \_\_\_\_\_  No

13. Please describe any part-time jobs or work experience you may have had: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Do you usually help with household chores?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

15. Do your parents require you to be home at a specific time in the evening?  Yes  No  
If yes, what time: weekdays \_\_\_\_\_ weekends \_\_\_\_\_

16. What courses do you presently study? \_\_\_\_\_  
\_\_\_\_\_

17. What do you expect from attending a Canadian high school?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Have you ever been away from your family for long periods of time?  
 Yes (how long) \_\_\_\_\_  No

19. Describe any concerns you may have about living in Canada:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. How can we help you adjust to your new home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Please describe any medical conditions your Homestay Family should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Do you have any serious/life threatening medical conditions that may require immediate medical attention?  
 Yes (please describe) \_\_\_\_\_  No

23. Please provide any further information you feel would be useful in helping us to place you in the best possible Homestay situation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_